

THE LOUISIANA LEGISLATURE
LOBBYING REGISTRATION FORM
(Pursuant to La. R.S. 24:50-59)

3

Lobbyist's Registration No.

1980008

REC'D

INSTRUCTIONS

1. Complete form in duplicate, printing or typing same.
2. Attach 2" X 2" photograph to each copy of form for first registration of term.
3. Sign forms having same notarized as required by R.S. 24:54.
4. Complete employer verification form(s). A separate form must be completed for each representation.
5. Remit form(s) either to Secretary of the Senate or Clerk of the House with \$10.00 registration fee required by R.S. 24:53(I).

FOR OFFICE USE ONLY

Received by: _____

Date: 11/2/98

Payment by: Cash ☒ Check ☐ M.O. ☐

1. NAME CORLEY William R
Last First Middle
2. BUSINESS ADDRESS 7493 CRYSTAL LAKE DR CARDOVA, TN 38018
Street and No. Town State Zip
3. BUSINESS PHONE 901-753-6020
Area Code and Telephone Number
4. EMPLOYER Bayer Corp.
5. EMPLOYER'S ADDRESS 400 Morgan Lane West Haven, CT 06516
Street and No. Town State Zip
6. PERSON OR GROUP BY WHOM PAID Same as above
(If same as No. 4 above, write "same as above")
(If include No. 8 below, indicate by each client which ones pay)
7. ACTUAL OR PROJECTED PERIOD OF EMPLOYMENT From 1-98 To 12-98
8. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client pays you to lobby. R.S. 24:53(C) REQUIRES THE VERIFICATION FORM BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATCH THIS LISTING.

1. Name ✓ Bayer Corp
Address 400 Morgan Lane West Haven, CT 06516
Business or purpose Health Care Industry
Does this person pay you? Yes
2. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____

3. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
4. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
5. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____

(Supply additional information on separate sheet(s) if necessary.)

State of Laurens

Parish (County) of Shelby

Before me, the undersigned authority, personally came and appeared Wm R. Corley
_____, who, after being duly sworn by me, did declare and acknowledge to me that the
above statements are true and correct.

Wm R. Corley
Signature of Registrant

Sworn to and subscribed before me on this 2 day of January, 19 98



Sam M. M. Webb
Notary Public

MY COMMISSION EXPIRES APR. 14, 1999

ATTACH
PHOTOGRAPH
HERE

Revised: August, 1993

Prepared by:

Michael S. Baer, III, Secretary of the Senate

Alfred W. Speer, Clerk of the House of Representatives

